

<b>Case Number:</b>	CM14-0008025		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/28/2002
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records reflect that this -year-old individual was injured on March 28, 2002. The current diagnosis is listed as a brachial neuritis (723.4). The issue relative to the non-certification appears to be the parameters noted in the ODG were not met. Appropriate conservative care was not documented. The progress note dated January 3, 2014 notes ongoing shoulder pain. There is crepitus with range of motion and weakness to the right shoulder. Also noted is difficulty with elevation of the arm so as to enable motorcycle riding. Sensory changes are noted into the distal right upper extremity. The MRI dated December 19, 2013 indicates a fluid collection in the glenoid labrum thought to be a ganglion. A series of full thickness tears is noted in the supraspinatus. Marked hypertrophy of the acromioclavicular joint is also noted. The treating provider noted significant arthritis changes in the glenohumeral joint. Treatment for the low back injury included epidural steroid injections. The physical examination completed in October, 2013 noted a marked reduction in shoulder abduction and forward flexion. The consultation report dated August 21, 2013 indicated a previous shoulder surgery had been completed, however no date was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**RIGHT SHOULDER ARTHROSCOPY REVISION ACROMIOPLASTY ROTATOR CUFF DEBRIDEMENT VS REPAIR LABRAL CYST DEBRIDEMENT VS REPAIR SLAP:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**Decision rationale:** As noted in the MTUS, the standards for a rotator cuff repair include tears that impair activities by causing weakness of arm elevation or rotation. In this case, the injured worker notes an inability to elevate his arm to operate his motorcycle. There are ordinary disease of life degenerative changes causing the impingement and rotator cuff tears. That point notwithstanding, from a clinical perspective alone there is a clinical indication to treat this ordinary disease of life irrespective of the fact that the previous surgical intervention has been completed as there is objective occasion of a subsequent lesion. The request is medically necessary and appropriate.